

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042669

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 370 Primary Registration District No. 370 Registrar's No. 119

FILED OCT 16 1963

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SILVA ST. FRANCIS TWP</u>		c. CITY OR TOWN <u>SILVA MO</u>	
Length of stay in lb <u>2 YEARS</u>		Inside Limits (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>(ROUTE) SILVA, MO</u>		d. STREET ADDRESS <u>(ROUTE) SILVA, MO.</u>	
3. NAME OF DECEASED (Type or print) <u>JOHN FRANKLIN LYNCH</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-6-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FRUIT INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRODUCE</u>	
11. BIRTHPLACE (City and state or country) <u>BUNKER HILL KAN.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HUGH DANIEL LYNCH</u>		13b. MOTHER'S MAIDEN NAME <u>DELLA THORPPE</u>	
14. NAME OF HUSBAND OR WIFE <u>ELSIE FAGG LYNCH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or Dates of service) <u>YES - US NAVY EARLY 1940-1945</u>	
16. SOCIAL SECURITY NO. <u>MISSING</u>		17. INFORMANT <u>ELSIE FAGG LYNCH</u> Address <u>(ROUTE) SILVA MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <u>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency 1/201</u> DUE TO (c) <u>3 months</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4/15/63</u> a.m. <u>7/27/63</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS MO</u>	
21. I attended the deceased from <u>7/27/63</u> to <u>7/27/63</u> and last saw him alive on <u>7/5/63</u> Death occurred at <u>7/27/63</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>W. Grooman</u> (Degree or title)	
22b. ADDRESS <u>Piedmont MO</u>		22c. DATE SIGNED <u>8/20/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>JULY 30 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>10-12-63</u>	
26. REGISTRAR'S SIGNATURE <u>Detton M. Ward</u>		27. REGISTRAR'S SIGNATURE	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Martin E. Sorella

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.